



# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> NCHA's Texas Events PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00064041
---	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 73,022.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 180,076.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 123,981.42
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Deanna M. Hayes  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC  
COVER SHEET PG 3**  
3 of 111

<b>17 COMMITTEE NAME</b> NCHA's Texas Events PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00064041
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73,022.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 180,076.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/91 Rpt: 4/111
2 FILER NAME NCHA's Texas Events PAC		3 Filer ID (Ethics Commission Filers) 00064041
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) 00 RANCH ..... 6 Contributor address; City; State; Zip Code  ALVARDO, TX 76009	7 Amount of Contribution (\$)  \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) 3G'S PARTNERSHIP ..... Contributor address; City; State; Zip Code  CLAREMORE, OK 74017	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) 4D RANCH ..... Contributor address; City; State; Zip Code  SANDY, OR 97055	Amount of Contribution (\$)  \$170.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ADAMS, MIKE ..... Contributor address; City; State; Zip Code  CLEBURNE, TX 76031	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AHLIN, NATE ..... Contributor address; City; State; Zip Code  PAYSON, UT 84651	Amount of Contribution (\$)  \$220.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/91 Rpt: 5/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCORN, MELISSA <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086-2734	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALLEN, BRENDA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087-8571	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALLEN, TANJA <hr/> Contributor address; City; State; Zip Code  KILLEEN, TX 76549	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ANDERSON CATTLE CO <hr/> Contributor address; City; State; Zip Code  VICTORIA, TX 77902	Amount of Contribution (\$)  \$715.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ANDERSON, MATTHEW <hr/> Contributor address; City; State; Zip Code  STURGEON COUNTY ALBERTA T8T1V8 Canada	Amount of Contribution (\$)  \$295.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/91 Rpt: 6/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ASHLOCK, LINDY <hr/> <b>6</b> Contributor address; City; State; Zip Code  ABILENE, TX 79602	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ATWOOD, BILLY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AYLESWORTH, BILLIE <hr/> Contributor address; City; State; Zip Code  LIPAN, TX 76462	Amount of Contribution (\$)  \$115.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BACA, TYE <hr/> Contributor address; City; State; Zip Code  VEGA, TX 79092	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAKER, MICHAEL <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/91 Rpt: 7/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BANNER, MACALL <hr/> <b>6</b> Contributor address; City; State; Zip Code  MILLSAP, TX 76066	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAR D RANCH <hr/> Contributor address; City; State; Zip Code  BENJAMIN, UT 84651	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAR RR RANCHES <hr/> Contributor address; City; State; Zip Code  WESTLAKE, TX 76262	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARKER RANCH CH <hr/> Contributor address; City; State; Zip Code  MADILL, OK 73446	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARKER, JEFFREY <hr/> Contributor address; City; State; Zip Code  BOSWELL, OK 74727	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/91 Rpt: 8/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARLOW LIVESTOCK <hr/> <b>6</b> Contributor address; City; State; Zip Code  GILLETTE, WY 82718	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARNES, JEFF <hr/> Contributor address; City; State; Zip Code  WILTON, CA 95693	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAYHEAD FARM <hr/> Contributor address; City; State; Zip Code  NAPLES, FL 34117	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BEACH, SHARON <hr/> Contributor address; City; State; Zip Code  POOLVILLE, TX 76487	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BEASLEY, JULIE <hr/> Contributor address; City; State; Zip Code  MONTGOMERY, AL 36117	Amount of Contribution (\$)  \$195.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/91 Rpt: 9/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECK, BOONER	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEDNAR, DARREN	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  EL PASO, AR 72045		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEECHFORK RANCH	Amount of Contribution (\$) \$560.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELLE TERRE RANCH	Amount of Contribution (\$) \$525.00
Contributor address; City; State; Zip Code  CORINTH, MS 38834		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELLEFEUILLE, MOLLY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  LIPAN, TX 76462		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/91 Rpt: 10/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BERGERON, JOSEPH <hr/> <b>6</b> Contributor address; City; State; Zip Code  NEW ROADS, LA 70760	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BERGERON, STEPHEN PAUL <hr/> Contributor address; City; State; Zip Code  NEW ROADS, LA 70760-4105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BIEHLE, MICHAEL <hr/> Contributor address; City; State; Zip Code  NORTH VERNON, IN 47265	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BISHOP, JEFF <hr/> Contributor address; City; State; Zip Code  HICO, TX 76457	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BLANN, JOEY <hr/> Contributor address; City; State; Zip Code  HAMPTON, AR 71744	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/91 Rpt: 11/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLANTON, DARREN	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75201		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAZEK, ELLA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  FORT LUPTON, CO 80621		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLOUNT, MEL	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  CLAYSVILLE, PA 15323-1329		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOGART PERFORMANCE HORSES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  OOLOGAH, OK 74053		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONGIORNO, GEORGE	Amount of Contribution (\$) \$175.00
Contributor address; City; State; Zip Code  DARIEN, CT 06820		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/91 Rpt: 12/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOSQUE RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOWEN, JANET <hr/> Contributor address; City; State; Zip Code  BRENHAM, TX 77833-9015	Amount of Contribution (\$)  \$115.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRADFORD, CHANDLER <hr/> Contributor address; City; State; Zip Code  BRENHAM, TX 77833	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BREGMAN LAND AND LIVESTOCK <hr/> Contributor address; City; State; Zip Code  GREEN CASTLE, MO 63544	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRENGARD, CHRIS <hr/> Contributor address; City; State; Zip Code  PARAGOULD, AR 72450	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/91 Rpt: 13/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRETCHES, DAVID <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77024	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BREWER, CARA <hr/> Contributor address; City; State; Zip Code  JAY, OK 74346	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BROKE SPUR LLC <hr/> Contributor address; City; State; Zip Code  CROWLEY, TX 76036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BROWN, JAYLEE HALL <hr/> Contributor address; City; State; Zip Code  STINNETT, TX 79083	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUCHANAN, CAROL <hr/> Contributor address; City; State; Zip Code  BRENHAM, TX 77834	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/91 Rpt: 14/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUCHANAN, KAMERON <hr/> <b>6</b> Contributor address; City; State; Zip Code  MARIETTA, OK 73448	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUCK CREEK QUARTER HORSES <hr/> Contributor address; City; State; Zip Code  NEMO, TX 76070	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BULL, ANGELA <hr/> Contributor address; City; State; Zip Code  KINGSVILLE, TX 78363	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BULL, BREN <hr/> Contributor address; City; State; Zip Code  KINGSVILLE, TX 78363	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BURGER, CHARLES <hr/> Contributor address; City; State; Zip Code  CHATSWORTH, GA 30705	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/91 Rpt: 15/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUSSELL, KANDACE <hr/> <b>6</b> Contributor address; City; State; Zip Code  MINERAL WELLS, TX 76067	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUTOLO, MARCUS VINICIUS FRANDI <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) C4 CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  HAMPSTEAD, NC 28443	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CAGAN, SHERRY WOLFENBARGER <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$190.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CAMPBELL, MARCIE <hr/> Contributor address; City; State; Zip Code  NORCO, CA 92860	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/91 Rpt: 16/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARMEL CUTTING HORSES	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  RENO, NV 89511		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARNEY, RICHARD	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  KEMP, TX 75143		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARROLL, RUSS	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code  FORNEY, TX 75126		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARROLLS CUTTING	Amount of Contribution (\$) \$215.00
Contributor address; City; State; Zip Code  Dennis, TX 76439		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CELIA RUSSO & CAROL BELL PARTNERSHIP	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  COLDEN, NY 14033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/91 Rpt: 17/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHARTIER, KELLE <hr/> <b>6</b> Contributor address; City; State; Zip Code  MILLSAP, TX 76066	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHARTIER, MICA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHATTERTON, STEVE <hr/> Contributor address; City; State; Zip Code  CATLETTSBURG, KY 41129	Amount of Contribution (\$)  \$1,007.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHESTNUT RIDGE INT <hr/> Contributor address; City; State; Zip Code  BRENHAM, TX 77833	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHILDERS, MARK <hr/> Contributor address; City; State; Zip Code  BOWIE, TX 76230	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/91 Rpt: 18/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRUSTAWKA, E	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHURCH, MARGARITA	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  COLUMBUS, MT 59019		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CIRCLE BAR RANCH	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  TRUSCOTT, TX 79227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CIRCLE C LIVESTOCK	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  LAPORTE, TX 77571		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CIRCLE Y RANCH	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  MILLSAP, TX 76066		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/91 Rpt: 19/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLARK, LISA <hr/> <b>6</b> Contributor address; City; State; Zip Code  MILLSAP, TX 76066	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLARK, RODGER <hr/> Contributor address; City; State; Zip Code  FOUNTAIN INN, SC 29644-9727	Amount of Contribution (\$)  \$385.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COALSON ACRES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COFFEY, KATHERINE <hr/> Contributor address; City; State; Zip Code  MARIETTA, OK 73448	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLE, WILLIAM <hr/> Contributor address; City; State; Zip Code  BATESVILLE, MS 38606	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/91 Rpt: 20/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLEMAN, ALANA <hr/> <b>6</b> Contributor address; City; State; Zip Code  MILANO, TX 76556-0232	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLGROVE, JOEL <hr/> Contributor address; City; State; Zip Code  BOLIGEE, AL 35443	Amount of Contribution (\$)  \$1,275.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLLINS, PATRICK <hr/> Contributor address; City; State; Zip Code  LINCOLN, IL 62656	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CONN, LAURA <hr/> Contributor address; City; State; Zip Code  HEMPSTEAD, TX 77445	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CONOR VENTURES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/91 Rpt: 21/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COOPER, JENNIFER <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CORKSCREW RANCH <hr/> Contributor address; City; State; Zip Code  NAPA, CA 94558	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CORVIN, ZEB <hr/> Contributor address; City; State; Zip Code  CANYON, TX 79015-6372	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COSTANZA, MALISSA <hr/> Contributor address; City; State; Zip Code  OKMULGEE, OK 74447	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COSTELLO, CHLOE ANITA <hr/> Contributor address; City; State; Zip Code  KAUFMAN, TX 75142	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/91 Rpt: 22/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COUTINHO NOGUEIRA, OLAVO <hr/> <b>6</b> Contributor address; City; State; Zip Code  BENTONVILLE, AR 72712	<b>7</b> Amount of Contribution (\$)  \$115.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COWS & HORSES ETC <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COX, CHRISTINA <hr/> Contributor address; City; State; Zip Code  MARIETTA, OK 73448-7217	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRAWFORD, JESSECA <hr/> Contributor address; City; State; Zip Code  VAN, TX 75790	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CROCKETT SAND & GRAVEL <hr/> Contributor address; City; State; Zip Code  CROCKETT, TX 75835	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/91 Rpt: 23/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CROSSEN, LISA	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CROW, TRYSTAN	Amount of Contribution (\$) \$230.00
Contributor address; City; State; Zip Code  DIMMITT, TX 79027		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CUNNINGHAM, DIANA	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  MOUNTAIN HOME, AR 72653		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CW ELITE COW HORSES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  HEALDTON, OK 73438		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DALE, CLAIRE	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  COLLINS, MS 39428		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/91 Rpt: 24/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAOUD, KHADER	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  CRESTVIEW, FL 32536		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, CALLIE	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  ARTESIA, NM 88210		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, DWAYNE	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  PELAHATCHIE, MS 39145		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, KIM	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  PEASTER, TX 76485		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, MARTY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  CROSBYTON, TX 79322		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/91 Rpt: 25/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVISON YOUNG PARTNERSHIP	<b>7</b> Amount of Contribution (\$) \$120.00
<b>6</b> Contributor address; City; State; Zip Code  HEATH, TX 75032		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVISON, JACKIE	Amount of Contribution (\$) \$195.00
Contributor address; City; State; Zip Code  ROCKWALL, TX 75032		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEEP IN THE DIRT	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  MILLICAN, TX 77866		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEFOOR, KOLTER	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  CLOVIS, NM 88101		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DIAMOND 4D PERFORMANCE HORSES	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  CHOTEAU, MT 59422		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/91 Rpt: 26/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DIAMOND LAND & CATTLE <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHREVEPORT, LA 71101	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DIAMOND LK CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75238	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DOBYNS, TIMOTHY <hr/> Contributor address; City; State; Zip Code  GRANVILLE, OH 43023	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DOING, VERLIE <hr/> Contributor address; City; State; Zip Code  JACKSBORO, TX 76458	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DOSS, PHIL <hr/> Contributor address; City; State; Zip Code  SPRINGTOWN, TX 76082	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/91 Rpt: 27/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DOUBLE DOVE RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76121	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DRAKE, REBECCA <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77042	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DRUMMOND, MELISSA <hr/> Contributor address; City; State; Zip Code  PAWHUSKA, OK 74056	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUFURRENA, ED <hr/> Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DVORAK, ALYSSA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/91 Rpt: 28/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EARNHEART, KELLE	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087-6621		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ECHETA LIVESTOCK	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  RENO, NV 89521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, JUSTIN	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  CALVERT CITY, KY 42029		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EE RANCHES	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CONNIE	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  JUSTIN, TX 76247		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/91 Rpt: 29/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ELLIOTT, LIBBY <hr/> <b>6</b> Contributor address; City; State; Zip Code  THACKERVILLE, OK 73459	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) EMERSON, BILLY <hr/> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ERENBERG, LIANA <hr/> Contributor address; City; State; Zip Code  SANTA YNEZ, CA 93460	Amount of Contribution (\$)  \$190.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) EZELL, KIM <hr/> Contributor address; City; State; Zip Code  PERRIN, TX 76486	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erin Park Stud <hr/> Contributor address; City; State; Zip Code  WHITTLESEA VI 03757 Australia	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/91 Rpt: 30/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAZENDA BARRINHA <hr/> <b>6</b> Contributor address; City; State; Zip Code  MINERAL WELLS, TX 76067	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FERGUSON, STEVE <hr/> Contributor address; City; State; Zip Code  TYLER, TX 75707	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FERRETTI, SANDRO <hr/> Contributor address; City; State; Zip Code  LAKE CHARLES, LA 70607	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FIELDS, GARY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FIELDS, GARY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/91 Rpt: 31/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FLENT PERFORMANCE HORSES <hr/> <b>6</b> Contributor address; City; State; Zip Code  CULPEPER, VA 22701	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FLYNN, SEAN <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FOLAND, JENNIFER CHRISTMANN <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$580.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FOSTER, BILLY <hr/> Contributor address; City; State; Zip Code  EL DORADO, AR 71731-2268	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FRANZ, ALEX <hr/> Contributor address; City; State; Zip Code  STILWELL, KS 66085	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/91 Rpt: 32/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FREEMAN, KATHRYN JOY <hr/> <b>6</b> Contributor address; City; State; Zip Code  GRANBURY, TX 76048	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FRICKE, TREY <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75254	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FUENTES, SYLVIA <hr/> Contributor address; City; State; Zip Code  PLANO, TX 75093	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FULTS RANCH <hr/> Contributor address; City; State; Zip Code  ALEDO, TX 76008	Amount of Contribution (\$)  \$691.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GALE FORCE QUARTER HORSES <hr/> Contributor address; City; State; Zip Code  CONWAY, SC 29526	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/91 Rpt: 33/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALYEAN, ASHLEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76140	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALYEAN, JODY <hr/> Contributor address; City; State; Zip Code  MARIETTA, OK 73448	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALYEAN, WESLEY <hr/> Contributor address; City; State; Zip Code  CLAREMORE, OK 74017	Amount of Contribution (\$)  \$700.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GANDY, LEE <hr/> Contributor address; City; State; Zip Code  FRISCO, TX 75034	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARDINER, MARK <hr/> Contributor address; City; State; Zip Code  ASHLAND, KS 67831	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/91 Rpt: 34/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARDNER, GRANT <hr/> <b>6</b> Contributor address; City; State; Zip Code  BIRMINGHAM, AL 35244	<b>7</b> Amount of Contribution (\$)  \$230.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARNER, COLE <hr/> Contributor address; City; State; Zip Code  LEVELLAND, TX 79336	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARRETT, J D <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GATES, KELLY <hr/> Contributor address; City; State; Zip Code  EVANS, GA 30809-6762	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GAUGHAN, JOHN <hr/> Contributor address; City; State; Zip Code  LAS VEGAS, NV 89148	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/91 Rpt: 35/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GCH LAND & CATTLE CO <hr/> <b>6</b> Contributor address; City; State; Zip Code  WARREN, MI 48089	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GEORGE & JANICE TAUSER PTNERSH <hr/> Contributor address; City; State; Zip Code  HAMILTON, VA 20158	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GIANNUKOS, JOHN <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77024	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GILLETT, LESLEY <hr/> Contributor address; City; State; Zip Code  LOCKWOOD, CA 93932	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GILLOCK, THERESA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/91 Rpt: 36/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GLENN, REAGAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  PASO ROBLES, CA 93446	<b>7</b> Amount of Contribution (\$)  \$290.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GOFORTH, LYNN <hr/> Contributor address; City; State; Zip Code  MAX MEADOWS, VA 24360	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GOOD, T J <hr/> Contributor address; City; State; Zip Code  MARIETTA, OK 73448	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GOODFRIED, KATHERINE <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76116-1909	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GORDON, JOE <hr/> Contributor address; City; State; Zip Code  CANTON, OH 44735	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 34/91 Rpt: 37/111
2 FILER NAME NCHA's Texas Events PAC		3 Filer ID (Ethics Commission Filers) 00064041
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GRABBE, DEBORAH	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  HAYS, KS 67601-9669	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GRASMAN, JEFF	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code  HOLLAND, MI 49423	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GREESON, MISTY	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code  TULSA, OK 74105	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GULLY ENTERPRISES	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  LAWN, TX 79530	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HALL, LEW	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code  HIGHLAND CITY, FL 33846	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/91 Rpt: 38/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HANKINS, HEATHER <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROSWELL, NM 88201	<b>7</b> Amount of Contribution (\$)  \$160.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HANNAGAN, MARY <hr/> Contributor address; City; State; Zip Code  PENFIELD, IL 61862	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HANSELMAN, SUSAN <hr/> Contributor address; City; State; Zip Code  PIEDMONT, OK 73078	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HANSON, KEN <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARRISON, GEORGE <hr/> Contributor address; City; State; Zip Code  BAY CITY, TX 77414	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/91 Rpt: 39/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAUERLAND, JOHN BRADLEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  COLUMBUS, TX 78934	<b>7</b> Amount of Contribution (\$)  \$280.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAWKINS, MARY JO <hr/> Contributor address; City; State; Zip Code  SEGUIN, TX 78155	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAWLEY, JANNA <hr/> Contributor address; City; State; Zip Code  DECATUR, TX 76234	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAWORTH, JIM <hr/> Contributor address; City; State; Zip Code  SOUTHWEST CITY, MO 64863-0187	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HE REINS QUARTER HORSES <hr/> Contributor address; City; State; Zip Code  MISOULA, MT 59808	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/91 Rpt: 40/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HEARTS FROM HEAVEN	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>6</b> Contributor address; City; State; Zip Code  HARTVILLE, OH 44632		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HEID, MIKE	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERSHEY, CLAUDIA	Amount of Contribution (\$)  \$120.00
Contributor address; City; State; Zip Code  BILLINGS, MO 65610		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERZKE, KEVIN	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  GERMANTOWN, TN 38139		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HIDDEN VALLEY RANCH	Amount of Contribution (\$)  \$195.00
Contributor address; City; State; Zip Code  MONROE, LA 71201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/91 Rpt: 41/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HIGBEE, BRENDA <hr/> <b>6</b> Contributor address; City; State; Zip Code  REDMOND, OR 97756	<b>7</b> Amount of Contribution (\$)  \$314.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HILL, JAMIE <hr/> Contributor address; City; State; Zip Code  BASTROP, TX 78602	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOELSCHER, MELISSA <hr/> Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOLMES, LINDA <hr/> Contributor address; City; State; Zip Code  LONGMONT, CO 80503	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOOPER, JAMES <hr/> Contributor address; City; State; Zip Code  DECATUR, AL 35603	Amount of Contribution (\$)  \$245.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/91 Rpt: 42/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSE, CODY	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  MONTAGUE, TX 76251		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, DONALD	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  CANADA T8C1G9 Canada		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, WILLIAM	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  WALLER, TX 77484		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUSEMAN, TUCKER	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  ELLSWORTH, KS 67439		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRBY, RICHARD	Amount of Contribution (\$) \$215.00
Contributor address; City; State; Zip Code  SULPHUR SPRINGS, TX 75482		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/91 Rpt: 43/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IRON HEART PERFORMANCE HORSES <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORTH, TX 76087	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IRON ROSE RANCH <hr/> Contributor address; City; State; Zip Code  CARBONDALE, CO 81623	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IRONROCK RANCH <hr/> Contributor address; City; State; Zip Code  MILLSAP, TX 76066	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IRVIN, DOUG <hr/> Contributor address; City; State; Zip Code  HOLLIDAYSBURG, PA 16648	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) J FIVE HORSE RANCH MGMT <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$925.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/91 Rpt: 44/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) J-W BITTERROOT RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  STEVENSVILLE, MT 59870	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JACKPOT RANCH WEATHERFORD <hr/> Contributor address; City; State; Zip Code  SUGAR LAND, TX 77487-2788	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JARMA, JULIE <hr/> Contributor address; City; State; Zip Code  ARDMORE, OK 73401-7964	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JARNAGIN, KENT <hr/> Contributor address; City; State; Zip Code  PROTECTION, KS 67127	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JENNINGS, BRANDON <hr/> Contributor address; City; State; Zip Code  MIDLAND, TX 79706	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/91 Rpt: 45/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JETT, DOUGLAS <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHAWNEE, OK 74804	<b>7</b> Amount of Contribution (\$)  \$240.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JINGOLI, JOEY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$280.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JKL RANCH <hr/> Contributor address; City; State; Zip Code  CASTLE ROCK, CO 80104	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, AUSTIN <hr/> Contributor address; City; State; Zip Code  OVERBROOK, OK 73453	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, CLAY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/91 Rpt: 46/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, NASH <hr/> <b>6</b> Contributor address; City; State; Zip Code  CLINTON, NC 28329	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSRUD RANCH <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JONES, AMY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JONES, E T <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75209-3404	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JONES, MARLIN <hr/> Contributor address; City; State; Zip Code  CENTER, TX 75935	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/91 Rpt: 47/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JT RANCHES	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  HUNTSVILLE, TX 77340		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KARHAN, JAMES	Amount of Contribution (\$) \$180.00
Contributor address; City; State; Zip Code  BLANCO, TX 78606		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KARHAN, JAMES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  BLANCO, TX 78606		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KASEROFF, SUSAN	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KAUFMANN, MICHELLE	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  GRANBURY, TX 76049		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/91 Rpt: 48/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RETHEL	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  HARRISON, AR 72601		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KITCHEN, STEVEN	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240-8523		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNIGHT, KEVIN	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLLER, DALE	Amount of Contribution (\$)  \$140.00
Contributor address; City; State; Zip Code  MARIETTA, OK 73448-6102		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOSER, SUSAN	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087-6046		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/91 Rpt: 49/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KRISTEN YORK <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76107	<b>7</b> Amount of Contribution (\$)  \$690.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KUIPER, ROB <hr/> Contributor address; City; State; Zip Code  MINERAL WELLS, TX 76067	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KULCZYCKI-BURTNER, KIMBERLY <hr/> Contributor address; City; State; Zip Code  PONCA CITY, OK 74604	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LACKEY, CHASE <hr/> Contributor address; City; State; Zip Code  BURLINGTON, NC 27215-9219	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LACKEY, JADE <hr/> Contributor address; City; State; Zip Code  BURLINGTON, NC 27215	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/91 Rpt: 50/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LACY, BILL <hr/> <b>6</b> Contributor address; City; State; Zip Code  CRESTED BUTTE, CO 81224-1145	<b>7</b> Amount of Contribution (\$)  \$325.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAMBERT, CARL <hr/> Contributor address; City; State; Zip Code  HEMPSTEAD, TX 77445	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LANGDON, TONY <hr/> Contributor address; City; State; Zip Code  AUBREY, TX 76227	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LARRY HALL CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$115.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LARSON, CODIE <hr/> Contributor address; City; State; Zip Code  SYKESTON, ND 58486	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/91 Rpt: 51/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LATTANZIO, TINA <hr/> <b>6</b> Contributor address; City; State; Zip Code  SAN CLEMENTE, CA 92673	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LATTIMORE, MARY <hr/> Contributor address; City; State; Zip Code  SANTA FE, NM 87504-2665	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAUB, ANDRE <hr/> Contributor address; City; State; Zip Code  HOWE, TX 75459	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAUBE, KAITLYN <hr/> Contributor address; City; State; Zip Code  CORONA, CA 92883	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAVELLE, JOHN P <hr/> Contributor address; City; State; Zip Code  ATHENS, OH 45701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/91 Rpt: 52/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LEMOND, JOJO <hr/> <b>6</b> Contributor address; City; State; Zip Code  ANDREWS, TX 79714	<b>7</b> Amount of Contribution (\$)  \$275.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LEWIS, RICKY <hr/> Contributor address; City; State; Zip Code  BATESVILLE, MS 38606	Amount of Contribution (\$)  \$215.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LIPSEY, RAY <hr/> Contributor address; City; State; Zip Code  LINCOLN NE, NE 68523	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LITTLE, JANICE <hr/> Contributor address; City; State; Zip Code  JOHNSON CITY, TX 78636	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOGAN, ANN <hr/> Contributor address; City; State; Zip Code  WICHITA, KS 67204	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/91 Rpt: 53/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOZA, FERNANDO <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOMESTEAD, FL 33031	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LUCAS CATTLE COMPANY <hr/> Contributor address; City; State; Zip Code  CROSS TIMBERS, MO 65634	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LUGO, GERMAN <hr/> Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LYONS, MELISSA <hr/> Contributor address; City; State; Zip Code  IOLA, TX 77861	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MADIGAN, LINDSAY <hr/> Contributor address; City; State; Zip Code  KILLEEN, TX 76542	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/91 Rpt: 54/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAGNESS, MICHAEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  BROOKSHIRE, TX 77423	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MANCUSO, JANE <hr/> Contributor address; City; State; Zip Code  PLANTERSVILLE, TX 77363	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARCELLO, STEVEN <hr/> Contributor address; City; State; Zip Code  THIBODAUX, LA 70301	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARGOT HAZELL <hr/> Contributor address; City; State; Zip Code  DENTON, TX 76207	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTIN, GRANT <hr/> Contributor address; City; State; Zip Code  HENSLEY, AR 72065	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/91 Rpt: 55/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTIN, STEVE <hr/> <b>6</b> Contributor address; City; State; Zip Code  BRENHAM, TX 77833	<b>7</b> Amount of Contribution (\$)  \$115.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTUS, NATALIE <hr/> Contributor address; City; State; Zip Code  AUBREY, TX 76227	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARVIN, KENLI <hr/> Contributor address; City; State; Zip Code  NEWKIRK, OK 74647	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MASTERSON, ROBERT <hr/> Contributor address; City; State; Zip Code  GUTHRIE, TX 79236	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MATHIS, K P <hr/> Contributor address; City; State; Zip Code  LUFKIN, TX 75904	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/91 Rpt: 56/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MATT GAINES CUTTING HORSES <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MATTHEWS, CLINT <hr/> Contributor address; City; State; Zip Code  COLLEGE GROVE, TN 37046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAULDIN, CORRIE <hr/> Contributor address; City; State; Zip Code  UTOPIA, TX 78884	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAY, TIM <hr/> Contributor address; City; State; Zip Code  SALTILLO, MS 38866	Amount of Contribution (\$) \$155.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCBRIDE, SANDRA <hr/> Contributor address; City; State; Zip Code  AZLE, TX 76020-1229	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/91 Rpt: 57/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCLAREN, JOHN <hr/> <b>6</b> Contributor address; City; State; Zip Code  MC GREGOR, TX 76657	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCOY, JOHN <hr/> Contributor address; City; State; Zip Code  BOWIE, TX 76230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCRARY, ERICA <hr/> Contributor address; City; State; Zip Code  AUBREY, TX 76227	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCDAVID, DAVID <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76107	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCEWEN, ALAN <hr/> Contributor address; City; State; Zip Code  NORTH PORT, FL 34291-5689	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/91 Rpt: 58/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGEE, BILLY BOB <hr/> <b>6</b> Contributor address; City; State; Zip Code  LEWISVILLE, TX 75077-1776	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGEE, JUNE H ROBERTS <hr/> Contributor address; City; State; Zip Code  GRANBURY, TX 76049-2640	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGRAW, HELEN KINDLE <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75248-7901	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCWILLIAMS, BRITTINEE <hr/> Contributor address; City; State; Zip Code  DIBOLL, TX 75941	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MEENEN, MARTHA <hr/> Contributor address; City; State; Zip Code  ROGERS, AR 72758	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/91 Rpt: 59/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MEERMAN, LIZZIE <hr/> <b>6</b> Contributor address; City; State; Zip Code  TRYON, OK 74875	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MEFFORD, TAMYRA <hr/> Contributor address; City; State; Zip Code  EDMOND, OK 73034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MERRITT, CYNDI <hr/> Contributor address; City; State; Zip Code  MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MESALAM, GAVIN <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MESSENGER, CADE HANSMA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/91 Rpt: 60/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOELLER, SHELLEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78702	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOORE, BEVERLY <hr/> Contributor address; City; State; Zip Code  RICHMOND, TX 77406	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MORRISON, SUSAN <hr/> Contributor address; City; State; Zip Code  ALEDO, TX 76008	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOURA STOCK DOGS <hr/> Contributor address; City; State; Zip Code  PERRIN, TX 76486	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MULLINS, DEB <hr/> Contributor address; City; State; Zip Code  LANCASTER, TX 75146	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/91 Rpt: 61/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MYERS, JACLYN <hr/> <b>6</b> Contributor address; City; State; Zip Code  RAYNE, LA 70567	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NEAL, RICHARD <hr/> Contributor address; City; State; Zip Code  NACOGDOCHES, TX 75964	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NELSON, JUSTIN <hr/> Contributor address; City; State; Zip Code  SHEPHERD, TX 77371	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NORRIS, KAYLA <hr/> Contributor address; City; State; Zip Code  SUMRALL, MS 39482	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NUTTALL, BRET <hr/> Contributor address; City; State; Zip Code  GAINESVILLE, TX 76240	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/91 Rpt: 62/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OBERRAUCH, BRITTA <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OCR INVESTMENTS <hr/> Contributor address; City; State; Zip Code  SARASOTA, WY 82331	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OGDEN, JEFFRY <hr/> Contributor address; City; State; Zip Code  KOUNTZE, TX 77625	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OLSEN, STEVE <hr/> Contributor address; City; State; Zip Code  BOYD, TX 76023	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OXBOW RANCH <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/91 Rpt: 63/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAINTED 4P RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  WICKENBURG, AZ 85390	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAINTED VALLEY RANCH <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$195.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARKER, BILLY <hr/> Contributor address; City; State; Zip Code  HARTFORD, AL 36344	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARKER, JANN <hr/> Contributor address; City; State; Zip Code  BILLINGS, MT 59103	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARKER, WILL <hr/> Contributor address; City; State; Zip Code  DOTHAN, AL 36303	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/91 Rpt: 64/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PATTILLO CUTTING HORSES <hr/> <b>6</b> Contributor address; City; State; Zip Code  ST ELMO, IL 62458	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) _____		<b>9</b> Employer (See Instructions) _____
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PEARSON, MARK <hr/> Contributor address; City; State; Zip Code  SPEARMAN, TX 79081-0766	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PETERSON, AVA <hr/> Contributor address; City; State; Zip Code  PALOS VERDES ESTATES, CA 90274	Amount of Contribution (\$)  \$230.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PETERSON, BETH <hr/> Contributor address; City; State; Zip Code  TEXARKANA, TX 75503	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PETERSON, SHERYL <hr/> Contributor address; City; State; Zip Code  SEATTLE, WA 98101	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/91 Rpt: 65/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PHILLIPS, PAIGE <hr/> <b>6</b> Contributor address; City; State; Zip Code  MORRISTOWN, TN 37814	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PINE, REBECCA <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PINKSTON, LICA <hr/> Contributor address; City; State; Zip Code  ALICE, TX 78333-1277	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PINWHEEL PARTNERS <hr/> Contributor address; City; State; Zip Code  TEMPLETON, CA 93465	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PISCULLI, JAMIE <hr/> Contributor address; City; State; Zip Code  GHENT, NY 12075-2904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/91 Rpt: 66/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PISCULLI, JAMIE	<b>7</b> Amount of Contribution (\$) \$220.00
<b>6</b> Contributor address; City; State; Zip Code  GHENT, NY 12075-2904		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PLANTATION FARMS	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  DENHAM SPRINGS, LA 70726		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PLENDL, RICK	Amount of Contribution (\$) \$380.00
Contributor address; City; State; Zip Code  KINGSLEY, IA 51028-8608		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) POTTS, KRIS	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  SCOTTS HILL, TN 38374		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pretty Hill Pastoral	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  KANGEROO GROUND VI 03097 Australia		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/91 Rpt: 67/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAMSEY, BARNWELL <hr/> <b>6</b> Contributor address; City; State; Zip Code  HUNTERSVILLE, NC 28078	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAMSEY, BARNWELL <hr/> Contributor address; City; State; Zip Code  HUNTERSVILLE, NC 28078	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAPP, PHILIP <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$725.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAVA, JERRY <hr/> Contributor address; City; State; Zip Code  PASO ROBLES, CA 93447-2160	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAY, BOBBY <hr/> Contributor address; City; State; Zip Code  SEGUIN, TX 78155	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/91 Rpt: 68/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RECTOR, JENNIFER <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROGERSVILLE, MO 65742	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) REDTOWN'S N5 LAND & LIVESTOCK <hr/> Contributor address; City; State; Zip Code  POLLOK, TX 75969-2429	Amount of Contribution (\$)  \$280.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) REICHART, GARY <hr/> Contributor address; City; State; Zip Code  FRANKTON, IN 46044	Amount of Contribution (\$)  \$475.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RHOADES, JOSH <hr/> Contributor address; City; State; Zip Code  BOWIE, TX 76230	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIATA OAKS <hr/> Contributor address; City; State; Zip Code  SANTA YNEZ, CA 93460	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/91 Rpt: 69/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIDDLE, WILLIAM	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  PORT DEPOSIT, MD 21904		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIO ROCA LAND & CATTLE CO	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  GRAFORD, TX 76449		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RK SCHULTZ HORSES	Amount of Contribution (\$) \$330.00
Contributor address; City; State; Zip Code  SACRAMENTO, CA 95818		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROBERTS, AMY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  CANYON, TX 79015-1104		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCK'N DIAMOND EQUINE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  HORSEHOE BAY, TX 78657		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/91 Rpt: 70/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCKEY, BETH <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	<b>7</b> Amount of Contribution (\$)  \$270.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCKEY, BETH <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCKEY, JOHN <hr/> Contributor address; City; State; Zip Code  LANCASTER, CA 93535	Amount of Contribution (\$)  \$115.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCKIN B CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  BRANDON, MS 39047	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCKING P RANCH <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76107	Amount of Contribution (\$)  \$1,410.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/91 Rpt: 71/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODRIGUEZ, REINALDO <hr/> <b>6</b> Contributor address; City; State; Zip Code  KEY BISCAVME, FL 33149	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROGERS, JONATHAN <hr/> Contributor address; City; State; Zip Code  ROCKDALE, TX 76567	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROGILLIO FARMS <hr/> Contributor address; City; State; Zip Code  ETHEL, LA 70730	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROIDOPOULOS, GINA <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75212	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSE, WARREN <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/91 Rpt: 72/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSEBERRY, STEPHEN <hr/> <b>6</b> Contributor address; City; State; Zip Code  PERRIN, TX 76486	<b>7</b> Amount of Contribution (\$)  \$175.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSS, KELLY <hr/> Contributor address; City; State; Zip Code  HOT SPRINGS, AR 71903	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROTHWELL, RICHARD <hr/> Contributor address; City; State; Zip Code  ABILENE, TX 79606-4385	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROUSEY, CORRIE <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RPX ENTERPRISES <hr/> Contributor address; City; State; Zip Code  MINERAL WELLS, TX 76067	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/91 Rpt: 73/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUIZ, MARIAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  DEVINE, TX 78016	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUSSELL, DANA <hr/> Contributor address; City; State; Zip Code  MORGAN, UT 84050	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUSSELL, PATRICIA <hr/> Contributor address; City; State; Zip Code  POOLVILLE, TX 76487	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUTLEDGE, JAN <hr/> Contributor address; City; State; Zip Code  COLORADO SPRING, CO 80906	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RYAN FLAT CATTLE COMPANY <hr/> Contributor address; City; State; Zip Code  MARFA, TX 79843	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/91 Rpt: 74/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALVATORI, MARCO <hr/> <b>6</b> Contributor address; City; State; Zip Code  MODENA MODENA 20060 Italy	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) OWNER		<b>9</b> Employer (See Instructions) OWNER
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SARCO CREEK RANCH <hr/> Contributor address; City; State; Zip Code  VICTORIA, TX 77902-0409	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) OWNER
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCHILLER, CHRIS <hr/> Contributor address; City; State; Zip Code  STILLWATER, OK 74075-8674	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCHMIDT, ROBIN <hr/> Contributor address; City; State; Zip Code  WANETTE, OK 74878	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCRIBNER, KRISTY <hr/> Contributor address; City; State; Zip Code  GOODRICH, MI 48438	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/91 Rpt: 75/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SENN, MARK <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUGUSTA, GA 30909	<b>7</b> Amount of Contribution (\$)  \$2,070.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHEEHAN, GEOFFREY <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$215.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHEPARD, AUSTIN <hr/> Contributor address; City; State; Zip Code  SUMMERDALE, AL 36580-0429	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHINNERS, JOHN <hr/> Contributor address; City; State; Zip Code  HARTLAND, WI 53029	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHOWALTER, FAITH <hr/> Contributor address; City; State; Zip Code  CAYNON LAKE, CA 92587	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/91 Rpt: 76/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIGALA, JOSE IGNACIO	<b>7</b> Amount of Contribution (\$) \$140.00
<b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMONS, LACEY	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  KILLEN, AL 35645		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SINKING CREEK CUTTING HORSES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  FRANKLIN, TN 37069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SINOR, WESLEY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77027		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKINKIS, SCOTT	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  BRILLION, WI 54110		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/91 Rpt: 77/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SLASH 7 SLASH	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76017		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SLATE RIVER RANCH	Amount of Contribution (\$)  \$1,800.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SLATTEN, J D	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code  FORT WORTH, TX 76179-4224		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMART, RUSTY	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  HEMPSTEAD, TX 77445-8888		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMF CUTTING HORSES	Amount of Contribution (\$)  \$1,050.00
Contributor address; City; State; Zip Code  ASPEN, CO 81612		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/91 Rpt: 78/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, JACK <hr/> <b>6</b> Contributor address; City; State; Zip Code  OAKWOOD, TX 75855	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, PAUL K <hr/> Contributor address; City; State; Zip Code  MIDLAND, TX 79702	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SNYDER, CINDY <hr/> Contributor address; City; State; Zip Code  ELM GROVE, LA 71051	Amount of Contribution (\$)  \$220.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SPENCER, TONI CARTER <hr/> Contributor address; City; State; Zip Code  BEAUMONT, TX 77705	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SPRIGGS, JIMMY <hr/> Contributor address; City; State; Zip Code  CROSSVILLE, TN 38571	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/91 Rpt: 79/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STANFORD RANCH PERFORMANCE HORSES <hr/> <b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STANFORD RANCH PERFORMANCE HORSES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STAR C LAND & CATTLE CO <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STAR C LAND & CATTLE CO <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STARK, TARA <hr/> Contributor address; City; State; Zip Code  WILLOW PARK, TX 76087	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/91 Rpt: 80/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEELE, MICHAEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  SANTA TERESA, NM 88008	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEPHENSON, JESSICA <hr/> Contributor address; City; State; Zip Code  CHANDLER, TX 75758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEVENS, MIKE <hr/> Contributor address; City; State; Zip Code  SCOTTSDALE, AZ 85259	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STICKSTOP RANCH <hr/> Contributor address; City; State; Zip Code  TERRELL, TX 75160	Amount of Contribution (\$) \$115.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STRICKLAND, LISA <hr/> Contributor address; City; State; Zip Code  CHRISTOVAL, TX 76935	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/91 Rpt: 81/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STRICKLAND, LISA <hr/> <b>6</b> Contributor address; City; State; Zip Code  NIPOMO, CA 93444	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STRUNK, AMY ADAMS <hr/> Contributor address; City; State; Zip Code  WALLER, TX 77484	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STRYKER FAMILY TRUST <hr/> Contributor address; City; State; Zip Code  LOOMIS, CA 95650	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SULLIVAN, NANCY <hr/> Contributor address; City; State; Zip Code  TEA, SD 57064	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SUMMERS, DANIEL <hr/> Contributor address; City; State; Zip Code  MADILL, OK 73446	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/91 Rpt: 82/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SUNEE RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  VALLEY VIEW, TX 76272	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SUTTEN, VON <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SVERZUT, GUSTAVO <hr/> Contributor address; City; State; Zip Code  CRESSON, TX 76035	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) T BAR K CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAPP, JARED <hr/> Contributor address; City; State; Zip Code  HANSON, KY 42413	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/91 Rpt: 83/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAYLOR, LISA <hr/> <b>6</b> Contributor address; City; State; Zip Code  PILOT POINT, TX 76258	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEAGUE DIVERSIFIED <hr/> Contributor address; City; State; Zip Code  COPAN, OK 74022	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEIXEIRA, PAULETTE <hr/> Contributor address; City; State; Zip Code  SANTA MARIA, CA 93454	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEN/27 RANCH <hr/> Contributor address; City; State; Zip Code  DENHAM SPRINGS, LA 70726	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TERLIP, KALEB <hr/> Contributor address; City; State; Zip Code  FRONTENAC, KS 66763	Amount of Contribution (\$)  \$230.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 81/91 Rpt: 84/111
2 FILER NAME NCHA's Texas Events PAC		3 Filer ID (Ethics Commission Filers) 00064041
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TERRY, FRANCESCA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  ANTHONY, NM 88021	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TETON RIDGE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TG FROST LAND & CATTLE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  LADY LAKE, FL 32159	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THE MOSSY OAK RANCH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  VAN, TX 75790	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THIGPEN, ROBERT	Amount of Contribution (\$) \$240.00
	Contributor address; City; State; Zip Code  CHILTON, TX 76632-0518	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/91 Rpt: 85/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMPSON, MABEN	<b>7</b> Amount of Contribution (\$) \$150.00
<b>6</b> Contributor address; City; State; Zip Code  CROSSVILLE, TN 38571		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMPSON, RICK	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  BRYAN, TX 77808		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMPSON, ROBERTA	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  COEUR D ALENE, ID 83815-3751		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMPSON, SASHA	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TIEMANN, ROBERT	Amount of Contribution (\$) \$260.00
Contributor address; City; State; Zip Code  PFLUGERVILLE, TX 78660		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/91 Rpt: 86/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREGEMBA, ROBERT <hr/> <b>6</b> Contributor address; City; State; Zip Code  CASTLE ROCK, CO 80104	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TRESOLDI, DAVIDE <hr/> Contributor address; City; State; Zip Code  VIADANA MILANO 20060 Italy	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TROTTER, GAYLE <hr/> Contributor address; City; State; Zip Code  MILLSAP, TX 76066	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TURNER WEST PERFORMANCE HORSES <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088-1402	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TUTOR, BARRY <hr/> Contributor address; City; State; Zip Code  WAXAHACHIE, TX 75165	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/91 Rpt: 87/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TYLER, BOBBY <hr/> <b>6</b> Contributor address; City; State; Zip Code  FRIONA, TX 79035	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Stampede Ranch <hr/> Contributor address; City; State; Zip Code  Longview AB T0L1H0 Canada	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) UNROE, BRIAN <hr/> Contributor address; City; State; Zip Code  GALLIPOLIS, OH 45631	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VAN BOEKEL HOG FARMS <hr/> Contributor address; City; State; Zip Code  MT ELGIN ONTARIO N0J1N0 Canada	Amount of Contribution (\$)  \$285.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VANDER ARK, NIKKI <hr/> Contributor address; City; State; Zip Code  MARIETTA, OK 73448	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/91 Rpt: 88/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VARNADORE, JOEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  APPLING, GA 30802	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VP CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77024-6945	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WALKER CUTTING HORSES <hr/> Contributor address; City; State; Zip Code  GRANBURY, TX 76048	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WALSH, STEVEN <hr/> Contributor address; City; State; Zip Code  JERSEYVILLE, IL 62052	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WARD, CAROL ANDERSON <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$840.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/91 Rpt: 89/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WE RANCH <hr/> <b>6</b> Contributor address; City; State; Zip Code  ST GEORGE, UT 84790-1759	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WEBSTER, JENNY <hr/> Contributor address; City; State; Zip Code  BURBON, MO 65441	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WEISS PERFORMANCE HORSES <hr/> Contributor address; City; State; Zip Code  TIOGA, TX 76271	Amount of Contribution (\$)  \$235.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WELCH-MCCULLOCH, SUSAN <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WESTFALL, RUSS <hr/> Contributor address; City; State; Zip Code  GRANBURY, TX 76049	Amount of Contribution (\$)  \$425.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/91 Rpt: 90/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITAKER, JASON <hr/> <b>6</b> Contributor address; City; State; Zip Code  SEVIERVILLE, TN 37876	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITE, ANNIE <hr/> Contributor address; City; State; Zip Code  PHILADELPHIA, MS 39350	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITE, KRISTIN <hr/> Contributor address; City; State; Zip Code  WASHINGTON, TX 77880	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITE JOHNSON, LISA <hr/> Contributor address; City; State; Zip Code  BENSON, NC 27504	Amount of Contribution (\$)  \$115.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITLEY RANCH <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77008	Amount of Contribution (\$)  \$330.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/91 Rpt: 91/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WICKE, RANDY	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  DECATUR, TX 76234		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILBANKS, LAURIE	Amount of Contribution (\$)  \$240.00
Contributor address; City; State; Zip Code  RATON, NM 87740		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, LARRY	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  GLADEWATER, TX 75647		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, TOM	Amount of Contribution (\$)  \$140.00
Contributor address; City; State; Zip Code  HALEYVILLE, AL 35565-0105		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, TOMMY	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  ROSIE, AR 72571		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/91 Rpt: 92/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WOLF, BILLY <hr/> <b>6</b> Contributor address; City; State; Zip Code  WHITESBORO, TX 76273	<b>7</b> Amount of Contribution (\$)  \$700.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WOLF, LLOYD <hr/> Contributor address; City; State; Zip Code  WICHITA FALLS, TX 76310	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WOOD, PAULA <hr/> Contributor address; City; State; Zip Code  STEPHENVILLE, TX 76401-1151	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WOODS, A D (PETE) <hr/> Contributor address; City; State; Zip Code  BLANCHARD, OK 73010	Amount of Contribution (\$)  \$295.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WRIGHT, KIRA <hr/> Contributor address; City; State; Zip Code  WEATHERFROD, TX 76088	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/91 Rpt: 93/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WUNSCH, KYM <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78746	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WUNSCH, KYM <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78746	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilde, Greg <hr/> Contributor address; City; State; Zip Code  Freelton ON L8B0Z8 Canada	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) XIT RANCH <hr/> Contributor address; City; State; Zip Code  CHANNING, TX 79018	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) YELVERTON, JERRY <hr/> Contributor address; City; State; Zip Code  RUSSELLVILLE, AR 72812	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/91 Rpt: 94/111
<b>2</b> FILER NAME NCHA's Texas Events PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) YORK, THAD <hr/> <b>6</b> Contributor address; City; State; Zip Code  SARATOGA, WY 82331	<b>7</b> Amount of Contribution (\$) \$340.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Owner
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) YOUNG, EDDIE <hr/> Contributor address; City; State; Zip Code  SAN ANGELO, TX 76906-1087	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Owner

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/17 Rpt: 95/111	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Angelia Orr for Texas House
-----------------------------	--

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 113  Itasca, TX 76055
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Ashby, Trent (Rep.)
--------------------	-----------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 412  Lufkin, TX 75902
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Birdwell, Brian
--------------------	-------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/17 Rpt: 96/111	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Bonnen, Greg (Dr.)
-----------------------------	---

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 174 Calder Rd STE 116 League City, TX 77573
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Buckley, Brad (Dr.)
--------------------	-----------------------------------

Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1321 Pershing Drive  Killeen, TX 76549
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Burrows, Dustin
--------------------	-------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10507 Quaker Ave Ste 103  Lubbock, TX 79424
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/17 Rpt: 97/111	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Cain, Briscoe	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 7  Deer Park, TX 77536	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Canales, Terry	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 602 W. University Dr., Suite B  Edinburg, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 602 W. University Dr., Suite B
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Capriglione, Giovanni	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 South White Chapel Blvd Ste 100 Southlake, TX 76092	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/17 Rpt: 98/111	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Chen Button, Angie (Rep.)	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 832748  Richardson, TX 75083	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Creighton, Brandon	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-366  Conroe, TX 77304	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name DTH Strategies	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 W 14TH ST  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/17 Rpt: 99/111	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/19/2024	<b>5</b> Payee name DTH Strategies
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 405 W 14TH ST  Austin, TX 78701
--	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Consulting
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name DTH Strategies
--------------------	------------------------------

Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 W 14TH ST  Austin, TX 78701
---	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Consulting
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Davis, Yvonne
--------------------	-----------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5787 S Hampton Rd Suite 447 Dallas, TX 75233
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
---	--	--

<b>4</b> Date 09/18/2024	<b>5</b> Payee name Frost Bank
-----------------------------	-----------------------------------

<b>6</b> Amount (\$) \$25.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6115 Camp Bowie Blvd,  Fort Worth, TX 76116
--	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/16/2024	Payee name Frost Bank
--------------------	--------------------------

Amount (\$) \$25.30  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6115 Camp Bowie Blvd,  Fort Worth, TX 76116
---	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Frost Bank
--------------------	--------------------------

Amount (\$) \$25.30  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6115 Camp Bowie Blvd,  Fort Worth, TX 76116
---	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
---	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Gerdes, Stan
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1011 Alley A Street, #B,  Bastrop, TX 78602
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Geren, Charlie (Rep.)
--------------------	-------------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1011 Roberts Cutoff  River Oaks, TX 76114
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Gonzalez, Mary
--------------------	------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450  Clint, CA 79836
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
---	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Hagenbuch, Brent
-----------------------------	---

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2800 Shoreline Dr #310  Denton, TX 76210
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Hancock, Kelly
--------------------	------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7101 Burns St  Fort Worth, TX 76118
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Harris, Cody
--------------------	----------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Avenue A  Palestine, TX 75801
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
---	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Hefner, Cole
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 167  Mount Pleasant , TX 75456
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Hughes, Bryan (Rep.)
--------------------	------------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450  Mineola, TX 75773
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Hunter, Todd
--------------------	----------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768-2910
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name King, Ken	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 507  Canadian, TX 79014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name King, Phil	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Fort Worth Hwy  Weatherford, TX 76086	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Kitzman, Stan	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code One East Main, Suite 202  Bellville, TX 77418	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Kolkhorst, Lois	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P. O. Box 1867  Brenham, TX 77834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Lamantia, Morgan	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E. Madison  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Leach, Jeff	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Glen Rose Drive  Allen, TX 75013	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Longoria, Oscar	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1029  Penitas, TX 78576	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name McQueeney, John	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 100458  Fort Worth, TX 76185	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Metcalf, Will	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 454  Conroe, TX 77305	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Middleton, Mayes
-----------------------------	---

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Morgan Meyer for Texas
--------------------	--------------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400  Dallas, TX 75219
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Nichols, Robert
--------------------	-------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 329 Neches St  Jacksonville, TX 75766
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Parker IV, Nathaniel (Tan)
-----------------------------	---

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 271741  Flower Mound, TX 75027-1741
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Patrick, Dan
--------------------	----------------------------

Amount (\$) \$20,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 685085  Austin, TX 78768
---	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Patterson, Jared
--------------------	--------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5533 FM 423, Suite 503  Frisco, TX 75034
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Perry, Charles
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 94806  Lubbock, TX 79493
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Phelan, Dade
--------------------	----------------------------

Amount (\$) \$20,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2825 Nail St #19B  Port Neches, TX 77651
---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Raymond, Richard
--------------------	--------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450349  Laredo, TX 78045
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
--	--	--

<b>4</b> Date 08/26/2024	<b>5</b> Payee name Rose, Toni
-----------------------------	-----------------------------------

<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 398020  Dallas, TX 75339
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Schwertner, Charles
--------------------	-----------------------------------

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448  Georgetown, TX 78627
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Senator Juan Chuy Hinojosa Campaign
--------------------	---

Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 612 W. Nolana, Ste 410  McAllen, TX 78504
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/17 Rpt:	<b>2</b> FILER NAME NCHA's Texas Events PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00064041
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Spiller, David	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 447  Jacksboro, TX 76458	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Troxclair, Ellen	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 HWY 281, Suite H #196  Marble Falls, TX 78654	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Zaffirini, Judith	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1407 Washington Street  Laredo, TX 78042	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held